



Employee Information	:						
Name (Last, First):			Employ	/ee ID #:	Student U #:		Campus Phone:
College/Division/Department	artmont:			Email Address:	U		
College/Division/Dep	artinent.			Elliali Address.			
List the course(s) with	class times	helow for wh	ich vou d	esire approval (maxim	um of six credit h	oure).	
Term: Choose an item		20		evisions from Original			Choose an item.
				.			
CRN#	Course # Section #			Course Title		Credit Class T	
OTAL II						Hours	0.000 1
			DIE	ASE READ CAREFULI	V·		
			FLE	LASE READ CAREFULI	<u>- 1</u> .		
Subject to the policies of					cipate in the Emplo	yee Tuition P	rogram for the above-
described course(s), up							h.l. 4
				the 4th day of the Sen email to benefits@usf.		i wiii not be a	bie to quality to use
			•	dent privileges unless I o		criteria for suc	ch privileges.
				may not cover all of my			
all tuition and fees are p						·- ·- · · · · · · · · · · · · · · · · ·	
				participating in the Depe			
must remain employed i responsible for any tuition			gh the end	of the semester covered	d by the employee	tuition waiver	or I may be
Tax Implications for Empl Waiver of Undergraduate			graduate tui	tion waived by USF on beh	alf of its employees i	s not taxable inc	ome pursuant to Internal
Revenue Code Section 117							
Waiver of Graduate Tuition \$5,250 of graduate tuition a				plan pursuant to Internal Rome each calendar year. If a			
(including the value of out-				ded on the employee's W-2			
during the calendar year. I acknowledge that any gi	raduate-level t	uition and fee	s above \$5	250 is taxable under Inter	rnal Revenue Code	Section 127 L	inderstand that the value
of out-of-state tuition is incl	uded in calcula			eding IRC Section 127 limits			
University Registrar's Office	9.						
I certify that the inform	ation furnish	ned above is	accurate a	nd I have registered for	the courses indic	ated.	
EMPLOYEE CERTIFICA	<u>ATION</u>						
(Employee Signature)						(Date)	
SUPERVISOR CERTIFI							
				nployee is not in a probatior s) is in accordance with app			
and the time us	, alo ompi	-, 10 attoriu	304100(., accordance with app	oo. rogulati	, , , , , , , , , , , , , , , , ,	. p. 555 a.a. 66.
(Supervisor Name)			(Supervi	sor Signature)		(Date)	
(Supervisor Ivallie)			Capervi	oo, oigilalaio)		(Date)	